

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579515

FILING DATE

5-12-06

APPLICANT(S)

1-23-08

CLAIMS

	CLAIMS						
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	/						53
4	/						54
5	/						55
6	/						56
7	/						57
8	7		7				58
9	7		7				59
10	7		7				60
11	7		7				61
12	7		7				62
13	7		7				63
14	7		7				64
15	7		7				65
16	7		7				66
17	7		7				67
18	7		7				68
19	7		7				69
20	7		7				70
21							71
22							72
23							73
24							74
25							75
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38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	6		6				TOTAL IND.
TOTAL DEP.	20		20				TOTAL DEP.
TOTAL CLAIMS	26		26				TOTAL

BEST AVAILABLE COPY